

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Michael C2</i>		
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>FI</i>	<i>1128</i>	<i>11-28-01</i>
RESPONSE FORMALITY REVIEW	<i>MTB</i>	<i>954</i>	<i>12/4/01</i>
			<i>3/8/02</i>

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ ..... Rejected N  
 = ..... Allowed I  
 - (Through numeral) ..... Canceled A  
 + ..... Restricted O

Claim	Date
Final	
Original	
1	✓
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9	✓
10	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

174-1110  
 3/8/02  
 12-6-01